

### Thank you for choosing CommInsure's Tele-Interview.

Information on CommInsure's Tele-Interview can be found in CommInsure's '**About Me Guide**', which is available from your adviser, and details what you need to know prior to your Tele-Interview call with CommInsure. All forms in 'Part 1' will have to be completed and 'Part 2' is only to be completed if applicable to the application. After the Tele-Interview, please return this forms pack to us.

If you require assistance completing these forms, please speak to your financial adviser or contact CommInsure on **13 1056**.

### **Sending your forms pack to us**

You can send the forms pack to us via scan, fax or mail.

#### **Scan**

Where these forms are being submitted prior to the Tele-Interview being completed, please send to **teleinterview@comminsure.com.au**

Where these forms are being submitted after the Tele-Interview being completed or in response to a CommInsure request, please send to **LNBAApplications@cba.com.au**

#### **Fax**

Fax the forms pack to **1800 258 828**

#### **Mail**

Send the forms pack to:

**CommInsure**  
**Underwriting Department**  
**PO Box 319**  
**Silverwater NSW 2128**

### **What happens next?**

As soon as your Tele-Interview is completed and we receive your forms pack, we'll check it to see if we require any additional information.

If we need more medical information such as medical reports, medical examinations or blood tests, we'll arrange them as quickly as possible.

Once all the required information has been received and reviewed, we'll let you know the outcome of your application, and if we've accepted your application, we'll issue your policy schedule.

Sometimes we may offer different cover or terms than what you applied for. If we do, we'll send a Provisional Offer for you to consider.

We'll keep your adviser informed of the progress of your application and any additional information we need.

## Part – 1

### Medical authority

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). CommInsure is a registered business name of CMLA.

I hereby authorise any medical practitioner, hospital, clinic or an authorised person (including any life insurer or underwriter) to give all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation is as effective and valid as the original.

Name of life to be insured

Previous surname (if applicable)

#### AND/OR

Name of child life to be insured 1

Name of child life to be insured 2

Name of child life to be insured 3

Name of child life to be insured 4

Signature of life to be insured

Date

### Financial authority

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). CommInsure is a registered business name of CMLA.

**Only complete this section if you want your accountant or financial adviser to release financial information to CommInsure.**

Name of life to be insured

I,

authorise my accountant/financial adviser to release all information which CommInsure and/or an authorised person requests for the purpose of assessing my Application for insurance. A photocopy of this authorisation is as effective and valid as the original.

Signature of life to be insured

Date

**Only to be completed if applicable to your application.**

**Membership details**

Total Care Plan Super (please tick (✓) the appropriate box)

New member

Existing member

Please provide your current policy/membership number

**What is a non-lapsing death benefit nomination?**

A non-lapsing death benefit nomination is a request by you to the trustee of the FirstChoice Trust to pay your death benefit to the person or persons nominated on your non-lapsing death benefit nomination form. The Trustee may consent to your nomination if your nomination satisfies the requirements described in the following paragraphs.

The Trustee is required to follow your nomination if, prior to your death, you complete and it receives your valid non-lapsing death benefit nomination, and the Trustee consents to that nomination.

The nomination remains valid until you revoke or make a new nomination. This can provide you with greater certainty on who will receive your death benefit when you die.

**Who can I nominate?**

A valid non-lapsing death benefit nomination can only nominate your legal personal representative and/or your dependants.

Your legal personal representative is the person appointed on your death as the executor or administrator of your estate.

Your dependants are:

- **your current spouse**

This includes the person at your death to whom you are married or with whom you are in a de facto relationship (whether of the same sex or a different sex) or in a relationship that is registered under a law of a State or Territory.

- **your child**

This includes any person who at your death is your natural, step, adopted, ex-nuptial or current spouse's child, including a child who was born through artificial conception procedures or under surrogacy arrangements with your current or then spouse.

- **any person financially dependent on you**

This includes any person who at your death is wholly or partially financially dependent on you. Generally, this is the case if the person receives financial assistance or maintenance from you on a regular basis that the person relies on or is dependent on you to maintain their standard of living at the time of your death.

- **any person with whom you have an interdependency relationship**

This includes any person where at your death:

- you have a close personal relationship with this person
- you live together with this person
- you or this person provides the other with financial support, and
- you or this person provides the other with domestic support and personal care.

An interdependency relationship is not required to meet the last three conditions, if the reason these requirements cannot be met is because you or the other person is suffering from a disability.

In establishing whether such an interdependency relationship exists, all of the circumstances of the relationship are taken into account, including (where relevant):

- the duration of the relationship
- whether or not a sexual relationship exists
- the ownership, use and acquisition of property
- the degree of mutual commitment to a shared life
- the care and support of children
- the reputation and public aspects of the relationship (such as whether the relationship is publicly acknowledged)
- the degree of emotional support
- the extent to which the relationship is one of mere convenience, and
- any evidence suggesting that the parties intended the relationship to be permanent.

If you are considering relying on this category of dependency to nominate a person, you should consider talking to your legal adviser and completing a statutory declaration addressing these points as evidence of whether such a relationship exists.

**How do I nominate more beneficiaries?**

If you wish to nominate more beneficiaries, you can attach their nomination details to this form. The attachment must be headed 'Attachment to Non-lapsing Death Benefit Nomination Form'.

The attachment must include your full name and account number, the full names of the beneficiaries, their date of birth, their relationship to you and the percentage of the benefit to be paid to each person. The attachment must also be signed and dated by you. The same two witnesses who sign section 5 of this form must also sign and date the attachment and include in the attachment the declaration "I declare that I am over the age of 18 and this non-lapsing nomination was signed and dated by the member in my presence".

**How do I make a valid non-lapsing death benefit nomination?**

To make a valid non-lapsing death benefit nomination:

- you must be at least 18 years of age
- you must complete in writing this non-lapsing death benefit nomination form available in the most up-to-date PDS or on our website or by calling 13 1056
- you must only nominate your legal personal representative and/or a person(s) who is your dependant
- you must provide the full name, date of birth and the relationship which exists between you and each of the nominated beneficiaries
- you must ensure that the proportion payable to each person nominated is stated and you have allocated 100% of your death benefit
- your nomination must not be ambiguous in any other way
- you must sign the non-lapsing death benefit nomination form in the presence of two witnesses who are both at least age 18 and are not nominated by you as a beneficiary on the form.

For your validly completed non-lapsing death benefit nomination to be effective you must send your nomination and the Trustee must receive and consent to your validly completed non-lapsing death benefit nomination prior to your death.

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You may seek to revoke your nomination or make a new non-lapsing death benefit nomination at any time by completing a new non-lapsing death benefit nomination form in writing, available in the most up-to-date PDS or on our website or by calling 13 1056.

### Is my nomination effective?

It is important to be aware before completing a non-lapsing death benefit nomination that if your non-lapsing death benefit nomination is valid and the Trustee consents to that nomination, the Trustee must follow the nomination and it cannot be overruled by the Trustee.

However, if you nominate a person who is not your legal personal representative or a dependant when you die, then your nomination will not be valid to the extent that it relates to that person despite any consent granted by the Trustee.

If you nominate your legal personal representative, your death benefit will be paid to your estate and distributed in accordance with your Will or the laws of intestacy. This means that the distribution may be challenged if someone disputes your Will or the distribution of your estate.

If you nominate one or more of your dependants, your death benefit will be paid directly to them.

If a person nominated on your non-lapsing death benefit nomination form is no longer a dependant at the date of your death, then the proportion of your death benefit which would have been payable to that person will be paid to your legal personal representative.

Tax may be withheld from your death benefit when paid to your dependants or distributed from your estate. There are differing tax treatments of death benefits depending on how old you are, how old your nominated beneficiaries are and who you nominate and whether it is paid as a pension or lump sum.

### How is my death benefit paid?

At the time of your death, the Trustee will contact the people you have nominated in your non-lapsing death benefit nomination to ensure that they are still a dependant or your legal personal representative.

The Trustee is also generally required to establish the identity of this person before paying out your death benefit.

If you have nominated one or more of your dependants, they will be provided the choice of taking their proportion of the death benefit as a lump sum cash payment or a pension. Please note, however, that from 1 July 2007 if you have nominated a child, the death benefit must be paid to them as a lump sum cash payment unless the child:

- is under age 18
- is under age 25 and is financially dependent on you, or
- has a certain type of disability.

If your child's personal circumstances change so that they no longer meet one of these exceptions, the Trustee will pay the remaining account balance to them as a lump sum cash payment. In addition, if your child does receive your death benefit as a pension, they must commute it to a tax-free lump sum by age 25 unless they remain disabled.

Where a death benefit is paid to your legal personal representative, it must be paid as a lump sum.

### What if I don't have a valid non-lapsing death benefit nomination?

Your death benefit will be paid to your legal personal representative if:

- at the time of your death, you have not completed or the Trustee has not received and consented to a valid non-lapsing death benefit nomination
- you have revoked your last non-lapsing death benefit nomination and you have not made a new non-lapsing death benefit nomination
- the person or persons you have nominated cannot be identified or are not your dependant or legal personal representative at the time of your death, or
- the Trustee determines that the whole of your non-lapsing death benefit nomination is otherwise invalid.

This is general information only and does not take into account your personal circumstances. Please talk to your financial adviser for more information on non-lapsing death benefit nominations and your personal estate planning needs.

### Important information

It is important to review your nomination regularly to ensure it is still appropriate to your personal circumstances and reflects your wishes. If, after making a non-lapsing death benefit nomination, you marry, separate or divorce, enter a de facto relationship (including same-sex), have a child, or if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you, then you should review your non-lapsing death benefit nomination or consider making a new nomination.

## Part 2 – Non-lapsing death benefit nomination form – Total Care Plan Super only

My non-lapsing death benefit nomination is as follows:

### Dependant 1

|                      |                      |
|----------------------|----------------------|
| Title                | Full name            |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Residential address  |                      |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Suburb               | State                | Postcode             |

Relationship

Spouse
  Child
  Interdependant
  Financial dependant

|                      |                 |                        |
|----------------------|-----------------|------------------------|
| Date of birth        |                 | <b>Form of payment</b> |
| <input type="text"/> | <b>Lump Sum</b> | <input type="text"/> % |
|                      | <b>Pension</b>  | <input type="text"/> % |

### Dependant 2

|                      |                      |
|----------------------|----------------------|
| Title                | Full name            |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Residential address  |                      |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Suburb               | State                | Postcode             |

Relationship

Spouse
  Child
  Interdependant
  Financial dependant

|                      |                 |                        |
|----------------------|-----------------|------------------------|
| Date of birth        |                 | <b>Form of payment</b> |
| <input type="text"/> | <b>Lump Sum</b> | <input type="text"/> % |
|                      | <b>Pension</b>  | <input type="text"/> % |

### Dependant 3

|                      |                      |
|----------------------|----------------------|
| Title                | Full name            |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Residential address  |                      |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Suburb               | State                | Postcode             |

Relationship

Spouse
  Child
  Interdependant
  Financial dependant

|                      |                 |                        |
|----------------------|-----------------|------------------------|
| Date of birth        |                 | <b>Form of payment</b> |
| <input type="text"/> | <b>Lump Sum</b> | <input type="text"/> % |
|                      | <b>Pension</b>  | <input type="text"/> % |

### AND/OR

|   |                   |                        |
|---|-------------------|------------------------|
| Benefit to my legal personal representative | <b>Lump Sum</b>   | <input type="text"/> % |
|   | <b>Total 100%</b> | <input type="text"/>   |

|                                       |                      |
|---------------------------------------|----------------------|
| <b>Applicant's/Member's signature</b> | <b>Date</b>          |
| <input type="text"/>                  | <input type="text"/> |

Note: any alteration to the completed form must be initialled by you and both witnesses. Both witnesses must sign this form on the same date as the member.

## Declaration

I understand/declare that:

- if this nomination is consented to by the trustee of the FirstChoice Trust, any existing death benefit nomination will be revoked and replaced
- any beneficiary nominated by me, other than my legal personal representative, must be a dependant within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act). A dependant includes my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship
- at the time of making this nomination, the beneficiary or beneficiaries nominated by me are dependants within the meaning of the SIS Act
- if my nomination is invalid in whole or in part, or cannot be followed for any reason or because a beneficiary/ beneficiaries is no longer a dependant at the date of my death, then that proportion of my benefit will be paid to my legal personal representative
- my beneficiary/beneficiaries and I will be bound by the provisions of the trust deed relating to non-lapsing death benefit nominations
- I may at any time revoke or replace a non-lapsing death benefit nomination in accordance with FirstChoice Trust's procedures and with the consent of the Trustee
- this nomination applies to the application above or the policy number(s) identified on this form
- I have read the PDS and agree to be bound by the provisions of the trust deed governing the FirstChoice Trust (as amended).

I acknowledge that the FirstChoice Trust and/or its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) where transactions are delayed, blocked, frozen or where the Group refuses to process a transaction or ceases to provide me with a product or service.

A nomination is not considered valid unless it has been completed correctly and the Trustee receives it. Any alterations to your form must be initialled by yourself and both witnesses or it will be invalid. A nomination will not be effective until the Trustee of the FirstChoice Trust has consented to it. You should regularly review your nomination to ensure that the nominated beneficiary/ beneficiaries remain eligible to receive the portion of your death benefit specified in this nomination and that this nomination accurately reflects your wishes.

### Signing this form

This form must be signed and dated in the presence of two witnesses. Each witness must be over 18 years old and must not be a person nominated on this form.

Applicant's/Member's signature

Date

### Declaration by two witnesses required to validate a non-lapsing death benefit nomination

I hereby declare that this non-lapsing death benefit nomination was signed and dated by the applicant/member in my presence.

**I confirm that I am at least 18 years old and I am not a person who has been nominated on this form.**

First witness name (please print)

First witness signature

Date

Second witness name (please print)

Second witness signature

Date

**Part 2 – Tax File Number notification (TFN) – Total Care Plan Super Only**

Under the Superannuation Industry (Supervision) Act (SIS) the Fund is authorised to collect your TFN and to use it for lawful purposes. These purposes may change due to legislative change.

The lawful purposes for which your TFN can be used are as follows:

- the trustee of the FirstChoice Trust can validate your TFN by means of an electronic validation service provided by the ATO for the purpose of ensuring the information we have about you on our record is accurate and up to date
- the ATO can give your TFN to the trustee of the FirstChoice Trust if:
  - you haven't quoted your TFN to the trustee of the FirstChoice Trust but you have provided your TFN to other providers previously or
  - the TFN you provide to the trustee of the FirstChoice Trust doesn't match the records the ATO holds for you. Where this occurs, the trustee of the FirstChoice Trust is required to update the record it holds for you unless you have instructed it not to record your TFN
- your TFN can be communicated to the other fund when you request a rollover, unless you have provided your written instruction to the contrary.

While it's not an offence to withhold your TFN, providing it to the trustee of the FirstChoice Trust has the following advantages:

- tax on contributions won't increase
- other than the tax that ordinarily applies, no additional tax will be deducted when you draw down your super benefits
- it will be easier to trace all your different super accounts so you receive all your super benefits when you retire.

Another advantage is that the Fund can accept all types of contributions that can be made. This is important for Total Care Plan Super for the reasons explained below.

Under superannuation law the trustee of the FirstChoice Trust can't accept member contributions unless it has your TFN. Member contributions include all personal contributions you make and contributions made by any person on your behalf other than your employer. As the Trustee can't accept member contributions until it has your TFN, it won't be able to arrange insurance cover for you because it won't have any contributions to pay for the cover.

If employer contributions are to be made for you and the trustee of the FirstChoice Trust doesn't have your TFN, the trustee of the FirstChoice Trust won't be able to arrange insurance cover for you because, after deducting extra tax from the contribution, the contribution won't be enough to pay the premium.

TFN

Applicant's/Member's signature

Date



**Authority to cancel existing CommInsure Policy**

**Section 1 – Existing policy details**

|   |                      |
|---|----------------------|
| Policy number                                 | Life insured 1       |
| <input type="text"/>                          | <input type="text"/> |
| Policy type                                   | Life insured 2       |
| <input type="text"/>                          | <input type="text"/> |
| Policy owner/trustee (if superannuation fund) |                      |
| <input type="text"/>                          | <input type="text"/> |

I/We request CMLA or the trustee (if applicable) to cancel the above mentioned policy on acceptance by CMLA or the trustee of this application.

|                                      |                      |                                      |                      |
|--------------------------------------|----------------------|--------------------------------------|----------------------|
| Signature of existing policy owner 1 | Date                 | Signature of existing policy owner 2 | Date                 |
| <input type="text"/>                 | <input type="text"/> | <input type="text"/>                 | <input type="text"/> |

**Where there is more than one policy owner all owners must sign and date.**

# Superannuation Payment Authority Form

CommInsure



## Total Care Plan Super

Total Care Plan Super is a superannuation product within the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust). Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 is the Trustee of the FirstChoice Trust. The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA) is responsible for the administration of the Total Care Plan Super and provides insurance benefits to the Trust.

## Authority for CMLA to request transfers or rollovers to Total Care Plan Super

Completing this form authorises CMLA to request a transfer or rollover on your behalf to Total Care Plan Super from your Nominated Super Fund Account stated at Section 2 or 3 for the amount of insurance premiums plus other taxes, fees and costs payable under Total Care Plan Super.

## Fees

Your superannuation provider may charge you withdrawal or other fees for making a rollover or transfer to Total Care Plan Super. If you are not already aware of the fees your superannuation provider may charge, you should contact them for further information before completing this form.

## Proof of identity

Please note your superannuation fund may require you to provide proof of identity, eg a certified copy of your Birth Certificate, Passport or Drivers Licence. Speak with your fund administrator to confirm what (if any) identification requirements they need before allowing the partial rollover and whether this is required once only or for each subsequent rollover.

## Section 1 – Total Care Plan Super member details

|   |  |   |                          |
|---|--|---|--------------------------|
| My Total Care Plan Super policy number/s (if known)   |  | Unique Superannuation Identifier (USI)      |                          |
| <input type="text"/>  |  | <b>26 458 298 557 008</b>                   |                          |
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: <input type="text"/> |  |   |                          |
| Surname   |  | Full given name(s)                          |                          |
| <input type="text"/>  |  | <input type="text"/>                        |                          |
| Date of birth   | Occupation (if retired, state retired) | Main country of residence, if not Australia |                          |
| <input type="text"/>  | <input type="text"/>                   | <input type="text"/>                        |                          |
| Residential address (PO Box is not acceptable)  |  |   |                          |
| <input type="text"/>  |  |   |                          |
| Suburb  |  | State                                       | Postcode                 |
| <input type="text"/>  |  | <input type="text"/>                        | <input type="text"/>     |
| Postal address (if different to above)  |  |   |                          |
| <input type="text"/>  |  |   |                          |
| Suburb  |  | State                                       | Postcode                 |
| <input type="text"/>  |  | <input type="text"/>                        | <input type="text"/>     |
| Work phone number   | Home phone number                      | Mobile phone number                         | Fax number               |
| ( ) <input type="text"/>  | ( ) <input type="text"/>               | <input type="text"/>                        | ( ) <input type="text"/> |
| Email address   |  |   |                          |
| <input type="text"/>  |  |   |                          |

## Section 2 – Your nominated CFS FirstChoice super fund account (if applicable)

|   |  |                |
|---|--|----------------|
| Super Fund name   |  |                |
| <b>Colonial First State FirstChoice Superannuation Trust</b>  |  |                |
| Product and account details   |  |                |
| Product name  | Unique Superannuation Identifier (USI) | Account Number |
| <b>CFS FirstChoice Personal Super</b>   | <b>FSF0217AU</b>                       | <b>001 010</b> |
| <b>CFS FirstChoice Wholesale Personal Super</b>   | <b>FSF0511AU</b>                       | <b>001 011</b> |
| <b>CFS FirstChoice Employer Super</b>   | <b>FSF0361AU</b>                       | <b>001 065</b> |
| <b>Colonial First State, Reply Paid 27, Sydney, NSW, 2001.</b>  |  |                |
| Super Fund email address: <b>contactus@colonialfirststate.com.au</b> Super Fund phone number: <b>13 13 36</b> |  |                |



### Section 3 – Your nominated super fund account

You should make sure that your account balance is sufficient each year to pay the premium plus the taxes, fees and costs payable under Total Care Plan Super, as well as continuing to meet the minimum balance requirements of the transferring fund.

|  |                         |                      |
|--|-------------------------|----------------------|
| Super Fund name                        | Product names           |                      |
| <input type="text"/>                   | <input type="text"/>    |                      |
| ABN                                    |                         |                      |
| <input type="text"/>                   |                         |                      |
| Unique Superannuation Identifier (USI) | Account number          |                      |
| <input type="text"/>                   | <input type="text"/>    |                      |
| Postal address                         |                         |                      |
| <input type="text"/>                   |                         |                      |
| Suburb                                 | State                   | Postcode             |
| <input type="text"/>                   | <input type="text"/>    | <input type="text"/> |
| Super Fund email address               | Super Fund phone number |                      |
| <input type="text"/>                   | <input type="text"/>    |                      |

### Section 4 – Transfer or rollover authorisation

**I authorise:**

- CMLA from time to time to request, on my behalf, that the trustee ('trustee') of the superannuation fund nominated in Section 2 or 3 of this form transfer or rollover from my account an amount nominated by CMLA to Total Care Plan Super for the payment of insurance premiums plus other taxes, fees and costs payable under Total Care Plan Super. I understand and agree that the amount transferred or rolled over may be net of any withdrawal or other fees charged under the transferring fund.
- CMLA to do all acts and execute such documents on my behalf as are necessary to complete the requested transfer or rollover.
- CMLA is authorised to transfer or rollover from my account in accordance with the default arrangements set by the trustee of the transferring fund for transfers or rollovers.

**This authority continues until the earliest of the following:**

- it is revoked in writing by me;
- CMLA receives a replacement authority signed by me;
- I cease to hold my Total Care Plan Super policy;
- I die.

### Section 5 – Declaration

**I declare that:**

- my account is my superannuation account and I have authority to transact on it;
- the details provided in this form are true and correct;
- the authority in Section 4 includes an authority for any other person authorised by CMLA to do the things authorised in this form and that the request for a transfer or rollover may be made in any form agreed between CMLA and the trustee.
- I am aware that my superannuation provider can provide me with information about the effect this transfer will have on my benefits, including information about any fees and charges that may apply. I have already obtained this information or decided not to obtain it.
- I acknowledge and agree that I'm responsible for ensuring there are sufficient funds in my superannuation account to pay the premium, fees and any other amounts payable under Total Care Plan Super as they fall due, as well as ensuring the minimum balance requirements of my superannuation account are met.
- I am aware and agree that any refund of monies transferred or rolled over to Total Care Plan Super under this Authority will be repaid to the superannuation account I have nominated in this form.

Print name

Your signature

Date

Please send the Superannuation Payment Rollover Authority Form to:

PO Box 320  
SILVERWATER NSW 2128

**OR** Fax 1300 852 076

**OR** Email [cservice@cba.com.au](mailto:cservice@cba.com.au)